

Lipomas and liposarcomas

Lipomas are very common benign conditions of adipose or fatty tissue. They are generally well circumscribed with a thin capsule, composed of fibrous tissue formed from the surrounding fascia as the lipoma expands.

They occur almost anywhere in the subcutaneous tissue, but can also occasionally occur within the body cavity, causing conditions such as intussusception. Subcutaneous lipomas may be unsightly but do occasionally cause pain or pressure effects in a confined space. They may rarely transform to a liposarcoma.

On examination, lipomas are usually readily diagnosed: they are not attached to the skin, freely mobile in all directions, usually quite soft and may feel lobulated. As the examining finger is pressed over the edge, the lump tends to slip away, the 'slipping sign'.

Fluctuation, usually a sign of fluid, may be present. Is difficult to interpret as the fat can be described as almost fluid-like.

Multiple painful tender, lipomas are termed *adiposa dolorosum*, or Dercum's disease.

In the inguinal canal lipomas may mimic a hernia, and are termed a lipoma of the cord. A lipoma situated over the *linea alba* in the midline of the abdomen or over a femoral hernia orifice can be difficult to distinguish clinically from a hernia.

Lipoma, particularly on the back of the neck, or trunk may be less well defined and have a diffuse margin. This type of lipoma is often multi-lobulated and has thin fibrous septa in continuity with the surrounding thicker fascia. It has restricted mobility and can be mistaken for a sebaceous cyst or variant particularly if a punctum is not obvious. Multi lobulated lipomas are more difficult to remove.

Investigation with an ultrasound, needle aspiration or core biopsy is rarely required.

Rapid growth of a lump which clinically appears to be a lipoma can suggest the possibility of malignant transformation into a liposarcoma. Suspicion is aroused when there are signs of inflammation as a result of the rapid growth of the tumour. The skin may appear erythematous and feel warmer than normal.

Liposarcomas are usually treated by excision or radiotherapy